FEC FORM 1

STATEMENT OF ORGANIZATION

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I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete	
Type or Print Name of Treasurer James A. Master	
Signature of Treasurer Electronically Filed by James A. Master Date	ž 0 0 9
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437 ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS	.
Office Use Only For further information contact: Federal Election Commission Toll Free 800-424-9530 (Revised 02/20	